


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan. 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000140796</b>	
1. Entity Name <b>STEP 2 TRAINING SYSTEMS INC.</b>	

Principal Place of Business <b>9048 WHIMBREL WATCH LANE., STE. 201 NAPLES, FL 34109</b>	Mailing Address <b>9048 WHIMBREL WATCH LANE., STE. 201 NAPLES, FL 34109</b>
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DO NOT WRITE IN THIS SPACE



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>16-1410418</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**TOGIAS, CHARLES S.  
 9048 WHIMBREL WATCH LANE., STE. 201  
 NAPLES, FL 34109**

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000584859  
 01/12/07-80055-013 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT TOGIAS, CHARLES S 9048 WHIMBREL WATCH LN #201 NAPLES, FL 34109</b>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Charles S. Togas* **315-727-1011**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #